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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 10/241,542 09/11/2002 PAT 6,660,308  
*SN*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

*SN*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SN</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY AR	SHEETS DRAWING 0	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
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TITLE  
 Food bar for treating musculoskeletal disorders

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